This report contains data through the week ending 5/11/2013 (MMWR week 19).



Overview of Influenza Surveillance: Surveillance for the 2012-2013 influenza season officially began on September 30, 2012. The Utah Department of Health publishes a weekly report throughout the active influenza season that synthesizes data from a variety of sources to give the most complete and up-to-date picture of influenza activity in the state of Utah. Data in this report should be considered provisional, and may change as more complete reports are recieved.

Influenza-like Illness (ILI): The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) is a national system that conducts surveillance for influenza-like illness (ILI) in outpatient healthcare facilities. ILINet providers report weekly the total number of patients seen for any reason and the number of patients seen with ILI (defined as a fever ≥ 100° F and a cough or sore throat). These data are used to determine the amount of ILI circulating in the community, as well as provide insight into regional differences in ILI activity. Currently, more than 50 facilities throughout Utah participate in ILINet.

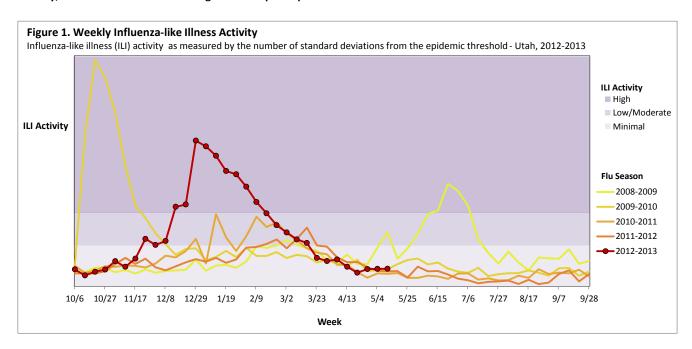


Table 1. Influenza-like Illness (ILI) Activity Levels by Health District - Utah, Current Week

Ticartii District	Otali, Carrelle Week
<b>Health District</b>	ILI Activity
Bear River	Minimal
Central	Minimal
Davis	Minimal
Salt Lake	Minimal
Southeastern	No Data
Southwest	Minimal
Summit	Minimal
Tooele	Minimal
TriCounty	No Data
Utah	Minimal
Wasatch	Minimal
Weber-Morgan	Minimal
State	Minimal

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Influenza Hospitalizations: Influenza hospitalizations are a reportable condition in Utah. A person meets the case definition for an influenza hospitalization if they are hospitalized for any length of time and have an influenza positive serology, DFA, PCR, or culture test (confirmed case) or a positive rapid influenza diagnostic test (probable case). Public health in Utah gathers a variety of data on influenza hospitalizations including clinical features, course of illness, risk and protective factors, and influenza type and subtype. Data from influenza hospitalizations allows public health in Utah to better understand subgroups of the Utah population that are most severely effected by influenza and help to guide prevention messages and interventions.

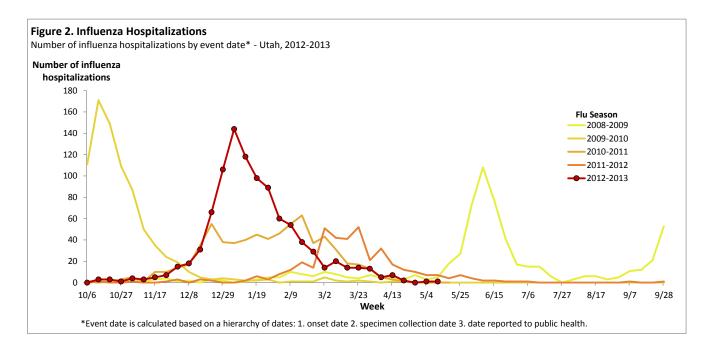


Table 2. Influenza Hospitalizations by Case Status - Utah

	Current Week	Season To Date	
Case Status	Total % of Case	es Total % of Cases	
Confirmed	1 100.0	924 94.0	
Probable	0 0.0	59 6.0	
Total	1 100.0	983 100.0	

Table 3. Influenza Hospitalizations by Health District - Utah

Health District	Current Week	Season To Date
Bear River	0	51
Central	0	42
Davis	0	74
Salt Lake	1	441
Southeastern	0	3
Southwest	0	106
Summit	0	14
Tooele	0	6
TriCounty	0	17
Utah	0	148
Wasatch	0	4
Weber-Morgan	0	77
State	1	983

This report contains data through the week ending 5/11/2013 (MMWR week 19).



Table 4. Influenza Hospitalizations by Age Group - Utah, Season To Date

Age Group	Total Cases	% of Cases	Rate*
0-4	192	19.5	70.95
5-24	141	14.3	14.90
25-49	125	12.7	12.60
50-64	131	13.3	32.71
65+	394	40.1	159.52
Total	983	100.0	34.42

<sup>\*</sup>Rate is calculated as the number of cases per 100,000 population

Table 5. Influenza Hospitalizations by Sex and Race - Utah, Season To Date

Variab	le	Num. of Cases	% of Cases	% in Utah Pop p value*
Sex	Male	481	48.9	50.3 0.3902
	Female	501	51.0	49.7 0.4263
	Unknown	1	0.1	NA
Race	White, Not Hispanic	774	78.7	82.0 0.0070
	Hispanic	128	13.0	11.6 0.1601
	Native Hawaiian/Pacific Islander	38	3.9	0.7 < 0.0001
	Black/African American	17	1.7	0.9 0.0094
	American Indian	5	0.5	1.1 0.0646
	Asian	21	2.1	1.9 0.5360
	Unknown	0	0.0	NA

<sup>\*</sup>If a p value is  $\leq$  0.05, there is a significant difference between the percentage seen in influenza hospitalizations and the general Utah population.

Table 6. Summary Data for Influenza Hospitalizations - Utah, Season To Date

	Yes	;	No		Unkno	wn	
Variable	Total % of Cases		Total %	Total % of Cases		Total % of Cases	
ICU	158	16.1	771	78.4	54	5.5	
Ventilator	57	5.8	875	89.0	51	5.2	
Died	33	3.4	902	91.8	48	4.9	
Neurological Symptoms	116	11.8	794	80.8	73	7.4	
Healthcare Worker	7	0.7	588	59.8	388	39.5	
Pregnant	32	3.3	943	95.9	8	0.8	
Heart Disorder	303	30.8	615	62.6	65	6.6	
Blood Disorder	24	2.4	892	90.7	67	6.8	
Kidney Disorder	88	9.0	828	84.2	67	6.8	
Metabolic Disorder	251	25.5	666	67.8	66	6.7	
Chronic Respiratory Disorder	288	29.3	633	64.4	62	6.3	
Immunosuppressed	94	9.6	817	83.1	72	7.3	
Neurological Disorder	116	11.8	794	80.8	73	7.4	
Seizure Disorder	35	3.6	883	89.8	65	6.6	
Bacterial Co-infection	18	1.8	897	91.3	68	6.9	
Obese*	200	30.9	326	50.4	121	18.7	
Morbidly Obese*	43	6.6	483	74.7	121	18.7	
Risk Factor†	891	90.6	92	9.4	0	0.0	
Vaccinated	356	36.2	439	44.7	188	19.1	

<sup>\*</sup>Obesity and morbid obesity is not considered for individuals under 18 years or pregnant women. Thus total counts will not equal the total number of influenza-associated hospitalizations

<sup>†</sup>Risk factors for influenza include: persons < 5 years, persons ≥ 65 years, pregnant women, and persons with a chronic medical condition.





Student Absenteeism: School-age children are at high risk for respiratory virus infections, including influenza. Aggregate, all-cause absenteeism data is collected weekly from over 350 schools throughout Utah. These data are analyzed to identify elevated absenteeism rates that could indicate the circulation of influenza in school-age children.

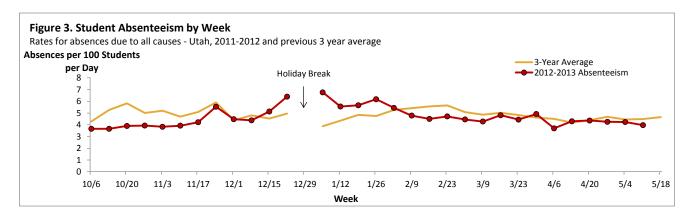
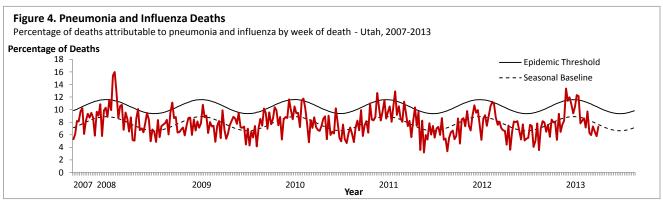


Table 7. Weekly Student Absenteeism - Utah, Current Week

Absences per 100 students/day
3.2
3.2
3.6
3.5
5.7
4.9
3.4
4.9
4.5
1.8
4.2
4.9
4.0

Pneumonia and Influenza Deaths: Each week the total number of death certificates received and the number of those for which pneumonia or influenza was listed as an underlying or contributing cause of death is collected. The percentage of deaths due to pneumonia and influenza are compared with a seasonal baseline and epidemic threshold value calculated for each week. These data are used to monitor the severity of influenza illness in the community.







Laboratory Surveillance: The Unified State Laboratory: Public Health recieves specimens from all over the state for comprehensive influenza testing. All specimens are tested to determine influenza type and subtype. A portion of specimens are also sent to the Centers for Disease Control and Prevention for additional testing, including gene sequencing, antiviral resistance testing and antigenic characterization.

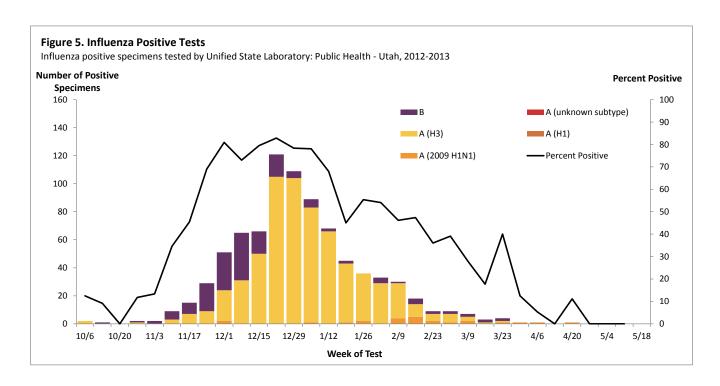


Table 8. Unified State Laboratory: Public Health Influenza Testing Data

	Current Week		Season To Date			
	Total	Percent	Total Percent			
Specimens tested	6		1,399			
Positive specimens	0	0.0	826 59.0			
Positive Specimens by Type/Subtype						
Influenza A	0	0.0	661 80.0			
A (2009 H1N1)	0	0.0	24 3.6			
A (H1)	0	0.0	0 0.0			
A (H3)	0	0.0	637 96.4			
A (unable to subtype)	0	0.0	0.0			
Influenza B	0	0.0	165 20.0			